# Part III: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application for the **Menstrual Hygiene Products Accessibility Grant**, and the receipt of program funds.

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| On | (date) | , 2021, the Board of | (district/BOCES/CSI) |

hereby agrees to the following assurances:

Further, the recipient school certifies that it understands all the rules and regulations associated with the receipt of **Menstrual Hygiene Products Accessibility Grant**, including those not specifically enumerated in the program assurances, and will take action to comply with all such requirements.

1. The recipient will provide the Colorado Department of Education the evaluation information required in the End-of-Year Report by September 30, 2022 (see **Attachment B**).
2. The recipient will work with and provide requested data to CDE for the Menstrual Hygiene Products Accessibility Grant within the time frames specified.
3. The recipient will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. Funds will be used to supplement and not supplant any funds currently being used to provide educational services and funds will be administered by the appropriate fiscal agent.
5. Recipients will maintain appropriate fiscal and program records and that fiscal audits of this funding will be conducted by the school as a part of their regular audits.
6. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
7. The recipient will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The Colorado Department of Education may terminate a grant award upon thirty days’ notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the CDE before modifications are made to the expenditures. Contact Anna Friedman (Friedman\_A@cde.state.co.us | 720-778-1877) and Sarah Blumenthal (Blumenthal\_S@cde.state.co.us | 303-866-6779) for any modifications.

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| Name of Organization Board President |  | Signature |  | Date |
|  |  |  |  |  |
| Name of Organization Authorized Representative |  | Signature |  | Date |
|  |  |  |  |  |
| Name of LEP Program Contact |  | Signature |  | Date |

**Note:** Upload the Program Assurances Form within the [**Smartsheet application form**](https://app.smartsheet.com/b/form/4254872b62a4420e84097782697b73ab). Funding will not be awarded until all signatures are in place. Applications may be submitted without signatures; however, please attempt to obtain all signatures before submitting the application.